



## Review of denials

Anytime Absolute Total Care makes a decision to deny, reduce, suspend or stop coverage of certain services, we will send you and your patient written notification. The denial notice includes information on the availability of a medical director to discuss the decision.

### Peer-to-peer reviews

If a request for medical services is denied due to a lack of medical necessity, a provider can request a peer-to-peer review with our medical director on the member's behalf. The medical director may be contacted by calling Provider Services at **1-866-433-6041**. A care manager may also coordinate communication between the medical director and the requesting provider as needed.

### Filing appeals

The denial notice will also inform you and your patient about how to file an appeal. In urgent cases, an expedited appeal is available and can be submitted verbally or in writing.

Please remember to always include sufficient clinical information when submitting appeal requests to allow Absolute Total Care to make timely medical necessity decisions based on complete information.

## REMINDER: Don't delay on credentialing

During the credentialing and recredentialing process, Absolute Total Care obtains information from various outside sources, such as the Council for Affordable Quality Healthcare, state licensing agencies and the National Practitioner Data Bank.

Providers have the right to review primary source materials collected during this process. If any information gathered as part of the primary source verification process differs from data submitted by the provider on the credentialing application, Absolute Total Care will notify the provider and request clarification.

A written explanation detailing the error or the difference in information must be submitted to Absolute Total Care in order to be included as part of the credentialing and recredentialing process. It's important that we receive this information in a timely manner to avoid delays in credentialing decisions.

Providers also have the right to request the status of their credentialing or recredentialing application at any time by contacting Provider Services at **1-866-433-6041**.

## Let us know your plans

One of our goals is to provide coordinated care for our members. To support this goal, it's important that we know if you're planning to move, change phone numbers or leave the network.

To ensure that your contact information and status are up to date, visit our secure provider portal at [absolutetotalcare.com](http://absolutetotalcare.com) or call 1-866-433-6041. Please let us know at least 30 days before you expect a change to your information.

## What our members are saying

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) surveys ask consumers and patients to report on and evaluate their experiences with healthcare. Survey results are submitted to the National Committee for Quality Assurance to meet accreditation requirements. These surveys are completed annually and reflect how our members feel about the care they receive from our providers, as well as the service they receive from the health plan. Absolute Total Care will be using the results to guide our improvement efforts.

We also want to share the results with you, since you and your staff are vital components of our members' satisfaction.

Here are some key findings from the survey.

### 2015 rates compared with 2016 rates

MEASURE	2015 CHILD CAHPS	2016 CHILD CAHPS	2015 ADULT CAHPS	2016 ADULT CAHPS
Getting Needed Care	87.5%	88.35%↑	83.1%	78.02%↓
Getting Care Quickly	93.3%	92.33%↓	84.6%	81.33%↓
Rating of Health Plan	84.9%	82.69%↓	72.6%	72.75%↑
Rating of Personal Doctor	89.4%	91.35%↑	83.3%	80.28%↓
Rating of Health Care	89.3%	86.74%↓	70.4%	70.90%↑
How Well Doctors Communicate	94.2%	97.34%↑	92.5%	93.16%↑
Customer Service	90.3%	87.73%↓	86.4%	84.07%↓

Surveys completed by caregivers on behalf of their children rated "How Well Doctors Communicate" significantly higher than the previous year, with a slight increase in "Getting Needed Care" and "Rating of Personal Doctor." All the other ratings were lower than the previous year.

The survey answered by our adult members showed small increases in the "Rating of Health Plan," "Rating of Health Care" and "How Well Doctors Communicate"; however, similar to the child survey, the ratings showed decreases in all of the other measures.

We take our members' feedback seriously and want to work with you to improve their satisfaction in the future.

## Advance directives: The conversation can start with you

Advance directives can be a sensitive topic to bring up with your patients, but it is vital they understand their rights to execute these important documents. Absolute Total Care wants to make sure our members are getting the guidance and information they need, regardless of their current health status.

We encourage you to explain this process to your patients and to show them how to file the right forms. Patients should give one copy of the executed advance directive to the person(s) designated to be involved in their care decisions and send one copy to your office so that it can be filed with their medical records.

Providers are required to document provision of information and note whether or not patients have an advance directive in their permanent medical records.

**Inform your patients:** The National Hospice and Palliative Care Organization has compiled key information about advance directives in a question-and-answer format: [caringinfo.org/files/public/brochures/Understanding\\_Advance\\_Directives.pdf](http://caringinfo.org/files/public/brochures/Understanding_Advance_Directives.pdf). Patients can find state-specific advance directives here: [caringinfo.org/i4a/pages/index.cfm?pageid=3289](http://caringinfo.org/i4a/pages/index.cfm?pageid=3289).

# Why HEDIS matters

HEDIS, the Healthcare Effectiveness Data and Information Set, is a list of standardized performance measures updated and published annually by the National Committee for Quality Assurance (NCQA). HEDIS is a tool used by most of America's health plans to measure performance on important aspects of care and service.

HEDIS is designed to provide purchasers and consumers with the information they need to reliably compare healthcare plans. Final HEDIS rates are typically reported to NCQA and state agencies once a year.

NCQA holds Absolute Total Care accountable for the timeliness and quality of healthcare services (acute, preventive, mental health, etc.) delivered to its diverse membership. Absolute Total Care also reviews HEDIS rates on an ongoing basis and continually looks for ways to improve those rates. It's an important part of our commitment to providing access to high-quality and appropriate care to our members.

Please consider the HEDIS topics covered in this

issue: diabetes, medication management in the elderly, high blood pressure and cardiovascular disease. Also, review Absolute Total Care's clinical practice guidelines at [absolutetotalcare.com](http://absolutetotalcare.com) and encourage your Absolute Total Care members to contact us for help managing their medical conditions.

Absolute Total Care Care Management staff members are available to assist with patients who have difficulty managing their conditions, challenges adhering to prescribed medications or difficulty filling their prescriptions.

If you have a member you think could benefit from our Care Management Program, please contact Provider Services at **1-866-433-6041** and ask for Medical Care Management.

## HEDIS FOR DIABETES CARE

The HEDIS measure for comprehensive diabetes care is directed to adult patients ages 18 to 75 who have type 1 or type 2 diabetes.

- **HbA1c testing**—Completed at least annually. Both CPT codes 83036 and 83037 can be submitted when this test is completed.
- **HbA1c levels**—
  - HbA1c result > 9 = poor control (CPT II code 3046F)
  - HbA1c result < 8 = in control (CPT II code 3045F)
- **Dilated retinal eye exam**—Exam completed every two years
- **Medical care for nephropathy**—At least one of the following completed: nephropathy screening, ACE/ARB therapy or documented evidence of nephropathy
- **Blood pressure**—<140/90 mm Hg is considered in control

### What providers can do

- 1. Dilated retinal eye exam:** Absolute Total Care can assist your office with finding a vision provider. Our vision vendors support our efforts by contacting members in need of retinal eye exams to assist them in scheduling an appointment.
- 2. Nephropathy screening test:** A spot urine dipstick for microalbumin or a random urine test for protein/creatinine ratio are two methods that meet the requirement for nephropathy screening. You may offer either to your patients.

## HEDIS for medication management in the elderly

**Prescription drug use by the elderly contributes to hospitalizations, longer illnesses, loss of independence and an increase in falls and fractures.**

There are two HEDIS measures related to medication management in the elderly. The first measure—potentially harmful drug-disease interactions in the elderly—assesses the percentage of adults 65 and older who have a specific disease or condition (e.g., chronic renal failure, dementia, history of falls) and who were dispensed a prescription for a medication that could exacerbate that condition. The second measure—use of high-risk medications in the elderly—assesses the percentage of adults 65 and older who received at least one high-risk medication or who received at least two different high-risk medications.

### What providers can do

- 1. Avoid prescribing high-risk drugs:** This is an important, simple and effective strategy in reducing medication-related problems and adverse drug events in older adults.
- 2. Regularly review your patients' prescriptions and over-the-counter medications:** Look for signs of unnecessary or duplicate medications, prescribing from multiple doctors, as well as harmful interactions. Ask the patient if he or she understands what each of the drugs is for and explain how to take them properly.
- 3. Learn more about potentially inappropriate medication for older adults:** The American Geriatrics Society guidelines are online at [geriatricscareonline.org/toc/american-geriatrics-society-updated-beers-criteria-for-potentially-inappropriate-medication-use-in-older-adults/CL001](http://geriatricscareonline.org/toc/american-geriatrics-society-updated-beers-criteria-for-potentially-inappropriate-medication-use-in-older-adults/CL001).



## HEDIS for **high blood pressure**

The medical costs of high blood pressure total more than \$46 billion annually. This number could increase to \$274 billion by 2030. Approximately one in three U.S. adults, or about 70 million people, has high blood pressure, but only about half of these people have it under control.

The high blood pressure control HEDIS measure applies to the percentage of adults 18 to 85 years old who had a diagnosis of hypertension and whose blood pressure was adequately controlled during the measurement year. Adequate control is defined by the following criteria:

- Adults 18–59 years of age whose blood pressure was less than 140/90 mm Hg
- Adults 60–85 years of age, with a diagnosis of diabetes, whose blood pressure was less than 140/90 mm Hg
- Adults 60–85 years of age, without a diagnosis of diabetes, whose blood pressure was less than 150/90 mm Hg

Exclusions apply if there is evidence of the following during the measurement year:

- End-stage renal disease
- Kidney transplant or dialysis
- Pregnancy
- Non-acute inpatient admission

### What providers can do

#### 1. Teach patients how lifestyle changes can control high blood pressure:

Encourage low-sodium diets, increased physical activity and smoking cessation.

#### 2. Prescribe and follow up on blood pressure medication:

Patients may assume that because they “feel good,” they may stop filling their prescriptions. Confirm that they understand the importance of keeping up with these prescriptions.

## HEDIS for cardiovascular disease

- The HEDIS measure for **persistence of beta-blocker treatment after heart attack** applies to the percentage of adults 18 years of age and older during the measurement year who were hospitalized and then discharged with a diagnosis of acute myocardial infarction.
- The HEDIS measure for **statin therapy for patients with cardiovascular disease** applies to men ages 21 to 75 and women ages 40 to 75. Rates reported include:
  - Members who received at least one high- or moderate-intensity statin therapy during the measurement year and
  - Members who remained on a high- or moderate-intensity statin medication for at least 80 percent of the treatment period, from prescription date through end of year

### What providers can do

1. **Suggest specific lifestyle changes:** Quitting smoking, losing excess weight, beginning an exercise program and improving nutrition are valuable health goals. However, broad goals like these are hard to attain. Instead, stress the value of small changes over time.
2. **Stress the value of prescribed medications for managing heart disease:** Absolute Total Care can provide educational materials and other resources addressing the above topics.

### Help prevent fraud

If you suspect healthcare fraud is happening, please let us know.

If you suspect or witness a provider inappropriately billing or a member receiving inappropriate services, please call Absolute Total Care's Fraud and Abuse Hotline at **1-866-685-8664** or email [ATC.Compliance@centene.com](mailto:ATC.Compliance@centene.com) to report fraud.

You can also call the South Carolina Department of Health and Human Services to report fraud. Call its toll-free hotline at **1-888-364-3224** or email [fraudres@scdhhs.gov](mailto:fraudres@scdhhs.gov).

